

A NATIONAL INSPECTORATE FOR
MENTAL HOSPITALS IN CANADA

A reading of Dr. Kathleen Jones's notable book "Lunacy, Law, and Conscience 1744-1845"¹ raises the question of an inspectorate for mental hospitals in Canada. Isn't it time, in words of Lord Shaftesbury, one of the pioneers of Lunacy Reform, that "the most helpless, if not the most afflicted portion of the human race" should be adequately protected in Canada? Dr. Jones covers the years from 1744-1845 in England, a period during which the British people were slowly driven by three generations of reformers to recognize their responsibilities.

"Lunacy, Law and Conscience" is not a specially enticing title, but she has made a subject which could have easily become dull, hugely interesting. This is a tribute to her scholarship and style, but unhappily there is another reason why this book holds the reader. There is an appalling sense of *déjà-vu* about it. The struggles for reform almost 200 years ago strike one with dismal familiarity. There is a poignancy about the crisp, yet slightly stilted early 19th century English which makes the story wonderfully fresh and tragic. Again and again one reads about the nakedness of patients, the filthy conditions in which they lived, the bad ventilation, the gross overcrowding, the belief in routine procedures, the lack of skilled attention. And, against this, the belief of lay and medical men of the day that humane methods, already in use, could be widely spread and would result in wellbeing and, in the end, economy.

The administrators of mental hospitals in the 1950's—one hundred and ten years after Dr. Jones's survey ends—will find dozens of paragraphs which echo the present. In the Commissioner's Report for 1844 is this paragraph—had its implications been understood and acted upon, very much better hospitals would have been built: "While we have no wish to advocate the erection of unsightly buildings we think that no unnecessary costs should be incurred for architectural decorations, especially as these hospitals are erected for persons who, when they are well, are accustomed to dwell in cottages." Had that warning been needed, how many monumental monsters would we have been spared in this last century? Yet we are still putting up huge edifices instead of mental hospitals composed of small, inconspicuous homelike buildings suitable for those who are accustomed to dwell in cottages. Can we never learn?

What would these great reformers think of us? I believe they would be sorely disappointed. They would feel that we have slowed down in many directions and lost ground in some. Why, after that flying start in the 1840's when Ashley Cooper, as Lord Shaftesbury was then called, was forcing through the Lunacy Acts and Conolly was introducing non-restraint in Han-

well, did mental hospitals lose so much ground that a century later many of the old abuses had returned? In 1840 Conolly was preparing to turn his hospital into a place where doctors, medical students and nursing staff would all receive appropriate training. Yet, more than 100 years later, there are far too few psychiatrists in Canada, and psychiatric nursing is still struggling for recognition and assistance. How could it be that in the 1850's the huge scope of psychiatry, which is certainly as great as that of either medicine or surgery, was fully understood, yet so little was it consolidated in the following century that psychiatrists are now inclined to apologize for themselves as members of a new specialty, though in fact belonging to one of the oldest established branches of medicine?

We do not know for certain, and research into this disaster is greatly needed. It may have arisen from a single misfortune. Psychiatry at its best in the early 19th century practised what it called "the moral treatment of the insane", which was clearly the forerunner of modern social and interpersonal psychiatry. At that time, this was an empirical procedure with an ethical rather than a scientific foundation. It was never taught as an essential medical skill. When the great technologies of the second half of the 19th century—physiology, pharmacology, pathology, bacteriology, and medical biochemistry—began to expand and provide the skeleton on which modern medicine and surgery is built, moral treatment sounded slightly ridiculous and redolent of Quakerism. It wilted and, with its going, the squalid brutalities of the 18th century began to reappear and were soon supplemented by the systematized hygienic inhumanity of the 20th century.

Once more a wave of public interest in psychiatry, mental illness and mental hospitals is rising. Once more there are those who would avoid doing too much for the care of "the most helpless if not the most afflicted of the human race". How can we prevent another disastrous recession in both interest and achievement? We must have a proper and acknowledged fund of information regarding the running of mental hospitals and we must have standards which are accepted and enforced by public opinion. The only way of ensuring this is by regular inspection of mental hospitals by an outside authority which has the confidence of the public and whose aim is to safeguard the mentally ill. In 1840, Samuel Tuke, one of the great family of Quakers who founded the Retreat at York, wrote, "We shall not secure efficient visitation until we have appointed a number of competent persons to visit, under authority of the government, all the places of whatever description, in which the insane are confined."

The question is—how should such a body be set up? The initial efforts must come from those who are most concerned for the wellbeing of the

mentally ill in Canada, and this is surely the special responsibility of the Canadian Mental Health Association. There are many tricky problems which confront the advocates of a scheme of inspection in Canada, so that the first steps must consist of convening meetings of those professional bodies who should be most interested. The Canadian Medical Association, the Canadian Psychiatric Association, the Canadian Bar Association, the Canadian Psychological Association, the Canadian Psychiatric Nurses Association, and the Canadian Nurses Association, are obvious choices. If an agreed policy could be reached by these associations, it is likely that provincial governments, and later the federal government, would listen sympathetically to any recommendations.

What is required to avoid unsatisfactory care and even exploitation of the mentally ill is an inspectorate which visits all hospitals at least once yearly and whose report is available to the public. Unless such an inspectorate exists above the ebb and flow of political life, the mentally ill citizen will never recover the consistent, determined and above all persistent public interest which he so desperately needs.

There are grave difficulties to be encountered by those who would establish such a body. One suggestion is to use the Central Inspection Board of the American Psychiatric Association. The difficulty here is twofold; first, it seems very unlikely that this inspection board could carry out an annual inspection of this sort without greatly reducing its efforts in the U.S., and second, one wonders whether Canada would be wise to place the wellbeing of a very large number of its sick citizens in the hands of doctors from another country, however expert and skilled.

In my view, the professional associations which I have listed above could explore ways and means of setting up an inspectorate in a way that would be acceptable to both provincial and federal governments. We sometimes forget that in the 1840's the communications were much slower than in Canada in the 1950's. Transport was mostly by coach with a maximum speed of about 10 m.p.h. It was not until the 1850's that railway building became widespread. Local feeling was often strong and the idea of a central inspectorate was only welcomed because the reformers were able to show a great need.

On June 6, 1845, the bill which was the outward and usable sign of a century's effort was brought forward to Parliament in Westminster. In his opening speech, Lord Shaftesbury said, "It is remarkable and very humiliating, the long and tedious process by which we have arrived at the sound practice of the treatment of the insane, which now appears to be the suggestion of common sense and ordinary humanity." Would anyone dare to say that these words are not as appropriate now as when they were written 110 years ago? Surely the medical profession

should show itself as concerned for the mentally sick in Canada as was the aristocratic legislator of a far country in an age which we are now inclined to view with patronizing superiority?

HUMPHRY OSMOND

REFERENCE

1. JONES, KATHLEEN: *Lunacy, Law and Conscience, 1744-1845*. Routledge and Kegan Paul Limited, London, England.

A TRIBUTE TO DR. W. W. FRANCIS

The Osler Society of McGill has recently (February 1956) published a small but distinctly unusual volume.* Taking advantage of its thirty-fifth anniversary, and wishing particularly to honour Dr. W. W. Francis, librarian of the Osler Library, who more than any other man has helped to sustain the Society, it has brought together a number of tributes to Dr. Francis from some of his many friends and those associated with him in the life of the Library.

Such a collection is perhaps one of the pleasantest and most gratifying ways of showing esteem. It is true that the Library naturally recalls Osler himself, but no one other than Dr. Francis could have interpreted him through his books with more understanding. He has made the Library not simply a monument to Sir William; in fact, he has more than once corrected those who have spoken of it as the *Osler Memorial Library*. Rather has he shown what a living force it can be, and how valuable a part it plays in the undergraduate life and also in wider fields; and that this influence can be strengthened and extended. In his many years of librarianship a Francis tradition has grown up in medical literature, quite definite, quite distinctive.

This volume of tributes appropriately crystallizes that tradition. Their general tone fortunately is light, reflecting the geniality of Dr. Francis himself. But under his gaiety there has always been the seriousness and steady purpose of the true scholar which have given such high quality to his work.

Fortunate indeed is the man who has the scholar's mind, and more fortunate still he that has that

delight in simple things

And mirth that has no bitter springs

which has always been so pleasantly characteristic of Dr. Francis.

The book itself is most attractively produced, with an excellent portrait in charcoal, and other illustrations. Along with many personal reminiscences it contains a history of the Osler Society, and much interesting detail about the Library. The edition is a limited one, and bids fair to become a collector's item. H.E.M.

**W. W. Francis: Tributes from his Friends*. Published by the Osler Society of McGill University, 3640 University St., Montreal, 1956. \$5.00.